



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: KINDRED HOSPITAL (INDIANAPOLIS SOUTH)

City of Hospital: Greenwood

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-2008

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$76511439
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$76511439

#### 2. Deductions From Revenue

Contractual Allowance	\$52344871
Other Deductions	\$0
Total Deductions	\$52344871

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$24166568
Other Operating Revenue	\$61302
Total Operating Revenue	\$24227870

#### 4. Operating Expenses

Salaries and Wages	\$8169266	Employee Benefits	\$1342669
Depreciation and Amortization	\$285290	Interest Expense	\$0
Bad Debt	\$228705	Other Expenses	\$12301947
Total Operating Expenses	\$22327877		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$18999993	Total Assets	\$4407186
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1573543
Total Net Gains	\$18999993		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$56996264	\$39818122	\$17178142
Medicaid	\$1203209	\$1068125	\$135084
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18311966	\$11458624	\$6853342
Total	\$76511439	\$52344871	\$24166568

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

### Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0